



January 22, 2007

**JCAHO STATEMENT OF CONDITION PROGRAM**

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**OFFICE OF PRIMARY RESPONSIBILITY**

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Pages: 3

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This instruction establishes policy and procedures and assigns responsibilities and requirements to ensure a comprehensive program exists to accomplish and maintain the Joint Commission on Accreditation of Health Care Organizations (JCAHO) Statement of Conditions (SOC).

**1. Objective.**

- 1.1. The SOC compliance document is intended to help create and maintain a fire safe environment of care and demonstrate compliance with the intent of standards that require newly constructed and existing environments of care be designed and maintained in accordance with the *Life Safety Code* (LSC) standards.

**2. Introduction**

- 2.1. The SOC is a compliance item under JCAHO rules. It is developed and maintained to assist those tasked with the life safety assessment. The SOC is a compliance document and must be updated on a regular basis as work projects, renovations, and major construction takes place. The SOC is a working document and must be continuously reviewed and updated at the time work is performed.
- 2.2. The SOC is a four part document:
  - 2.2.1. Part I—Introduction & Instructions—contains general information and guidance for completing Parts 2 through 4
  - 2.2.2. Part 2—Basic Building Information (BBI) outlines general information about the facility occupied by patients/residents/clinics
  - 2.2.3. Part 3—Life Safety Assessment (LSA) Used as guide to assess each facility for general compliance with the requirements of NFPA 101 – 2000; *Life Safety Code*
  - 2.2.4. Part 4—Plan for Improvement (PFI) completed when discrepancies are noted in the Part three and establishes a working plan to resolve identified LSC deficiencies
- 2.3. The SOC **MUST** be completed by personnel who have both strong knowledge of the LSC and extensive knowledge of the particular facility. **NOTE: There are no prescriptive requirements for the education or experience of the personnel completing the SOC**
- 2.4. Business occupancies, as defined by the LSC, that are free standing (or connected to a health care occupancy but are separated by a two-hour fire barrier and do not serve as a **REQUIRED** means of egress from the health care occupancy **do not require a SOC**

### 3. SOC Completion/Documentation Responsibilities

3.1. **Part 1—Introduction & Instructions**—No action necessary other than to read and have an understanding of what the SOC is for and how it is to be completed.

#### 3.2. Part 2—Basic Building Information (BBI)

3.2.1. Complete one BBI for each building occupied by patients/residents/clients regardless of ownership, lease/rental agreements, etc.

3.2.1.1. Reasons for occupancy include:

3.2.1.1.1. Housing

3.2.1.1.2. Care

3.2.1.1.3. Treatment

3.2.1.1.4. counseling

3.2.1.1.5. or other activities that relate to the occupant's status as a patient/resident/client of Duke Health System

3.2.2. Duke facilities that are owned, leased, occupied, managed, or controlled by Duke and **ARE NOT** occupied by patients/residents.\/clients **DO NOT REQUIRE A BBI**

3.2.3. The BBI will be completed by the assigned OESO-Fire Safety Specialist assigned to the particular facility with the assistance of the Engineering and Operations (E & O) representative and the Facility Plans, Design, and Construction (FPDC) Office representative

3.2.4. The BBI is utilized to document specific features of the building that exists

3.2.5. It does not require an assessment to be made as to the acceptability of each facility

3.2.6. Complete the Part 2—BBI in accordance with the instructions contained in the document

3.2.7. BBI forms can be photocopied as many times as needed

#### 3.3. Part 3—Life Safety Assessment (LSA)

3.3.1. A new LSA will be accomplished when any of the following conditions exist:

3.3.1.1. New construction meeting the requirements for an SOC is completed

3.3.1.2. Upon completion of any project that impinges upon, intrudes upon, alters, or replaces any life safety equipment, structures, or systems. This includes but is not limited to:

3.3.1.2.1. Fire Suppression systems

3.3.1.2.2. Fire Detection/Alarm Systems

3.3.1.2.3. Rated fire Compartments

3.3.1.2.4. Smoke Compartments

3.3.1.3. Upon completion of any major construction/renovation

3.3.2. The Part 3—Life Safety Assessment/ will be the responsibility of Engineering and Operations and must be reviewed by the OESO-Fire Safety Office, Facilities, Planning, Design, and Construction (FPDC), consultants, and other related groups as determined necessary by the committee.

3.3.3. Deficiencies that effect the Statement of Condition (SOC) of the facility may be identified in a variety of ways but not limited to the following:

3.3.3.1. Original Life Safety Assessment

3.3.3.2. Hazard Surveillance rounds

3.3.3.3. Fire Marshal inspections

3.3.3.4. Environment of Care Rounds

3.3.3.5. Image Rounds

3.3.3.6. other general rounds

- 3.3.4. Deficiencies noted shall be entered into and managed via the Computerized Maintenance Management System (CMMS) utilized by E & O.
- 3.3.4.1. Life Safety Assessment deficiencies shall be specifically identified in CMMS as “SOC” deficiencies
- 3.3.4.2. Work order tickets will be generated by the system and forwarded to the appropriate shop for correction
- 3.3.4.3. SOC deficiencies that cannot be completed within a reasonable amount of time shall be converted to a Plan for Improvement (NOTE-A reasonable amount of time will not exceed 60 days from the date the item is entered into CMMS)
- 3.3.4.4. SOC deficiencies that create imminent danger to occupants shall be resolved immediately or the OESO-Fire Safety Office will implant Interim Life Safety Measures (ILSM) until the deficiency can be repaired
- 3.3.5. Routine reports will be sent to E & O managers for review and to the OESO Fire Safety office at least monthly

#### **3.4. Part 4-Plan for Improvement (PFI)**

- 3.4.1. All LSC deficiencies identified in the LSA MUST be corrected
- 3.4.2. Any of the following improvement actions may be used to resolve identified deficiencies
  - 3.4.2.1. Perform all necessary work to meet LSC requirements; or
  - 3.4.2.2. Request an equivalency from the Joint Commission. LSC Equivalency request will be coordinated with the OESO-Fire Safety office and submitted to JCAHO in accordance with the instructions found in Part 4 of the SOC; or
  - 3.4.2.3. Develop a Plan for Improvement (PFI) whenever the resources currently available to preclude E & O from immediately correcting (or within 60 days) the deficiency
- 3.4.3. When a PFI is necessary, E & O will develop and document the proposed improvement plan on either a PFI Short Form or PFI Long Form
- 3.4.4. Once a PFI is opened, E & O, OESO-Fire Safety and the FPDC offices will meet monthly to review the PFI status until the PFI is completed and documented close out occurs
- 3.4.5. Open PFIs will be reported to the Duke University Safety Committee at least monthly (when scheduled) until the PFI is closed

#### **4. Life Safety Drawings**

- 4.1. Life Safety Drawings will be completed and maintained by the FPDC office and will be made readily available to E & O and the OESO Fire Safety Offices
- 4.2. Life Safety Drawings must be current and accurate at all times
- 4.3. The Life Safety Drawings will be updated upon completion of all renovation projects covered JCAHO accreditation

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